

WIC Futures Study Group
Report on Meeting #4 held May 6 -7, 2008
Elkhorn Room B, Park Plaza Hotel, Helena, MT

Mary Beth Frideres
Montana Primary Care Association
900 North Montana, Suite B3
Helena, MT 59601
mbfrideres@mtpca.org

Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group was convened to evaluate and revise the WIC service delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The fourth meeting of the group was held on Tuesday, May 6, 2008 and Wednesday, May 7, 2008. The following is a report of the meeting activities.

Participants included:

| | | | |
|-----------------------------|------------------|----------------------|---------------------|
| Joan Bowsher | DPHHS/WIC | Linda Stallings | DPHHS/WIC |
| Mary Beth Frideres | MPCA | Tom Mexican Cheyenne | Northern Cheyenne |
| Mandi Zanto | DPHHS/WIC | | Tribal Health |
| Kim Mondy | DPHHS/WIC | Bill Hodges | Big Horn County HD |
| JoAnn Dotson | DPHHS/FCHB Chief | Tara Cutler | HRDC Dist. 6 Fergus |
| Jane Smilie | DPHHS/PHSD Adm. | | County WIC |
| Ellen Leahy | Missoula CCHD | Riki Handstede | Hill County HD |
| Lora Wier | Teton County HD | Kathleen Jensen | Sheridan County HD |
| Linda Best | Deer | Dorothy Bradshaw | Lewis & Clark CCHD |
| Lodge/Beaverhead County WIC | | Jeannie Lund | Flathead CCHD |

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association. The desired outcomes for the two day session were as follows:

By the end of this session, participants will have –

- Reviewed information promised in the previous meeting;
- Completed a list of problems/issues to be addressed;
- Created a shared vision of the future WIC program;
- Generated solution options for problems;
- Evaluated and selected solutions,
- Discussed and decided funding strategies;
- Created a list of recommendations for the state and evaluation measures; and,
- Discuss and decide if another meeting is needed and if, yes, created an agenda for that meeting.

Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Introductions were then made and the group reviewed the agenda.

Follow Up Discussion Regarding Detail of State WIC Budget

Joan Bowsher had emailed the group additional budget information that was requested in the last meeting (inserted here). The group was asked if they had any questions about the information and there were none.

WIC Personnel Costs By SFY

| | Staff position | Position Number | 2004 | 2005 | 2006 | 2007 | 2008 * |
|-------------------|----------------------|-----------------|---------|---------|---------|---------|---------|
| Salary & Benefits | Supervisor | 69100708 | 60,644 | 61,376 | 46,484 | 71,012 | 53,792 |
| | Nutritionist | 69100715 | 50,363 | 50,594 | 55,576 | 59,025 | 43,163 |
| | Nutritionist | 69100709 | 44,078 | 44,866 | 36,607 | 66,114 | 48,864 |
| | Monitoring/Financial | 69146101 | 29,860 | 18,010 | 21,370 | 16,143 | 38,696 |
| | Contracts | 69100714 | 45,186 | 41,676 | 38,133 | 32,702 | 36,015 |
| | Vendor Management | 69100710 | 45,523 | 46,457 | 48,943 | 52,133 | 38,831 |
| | Vendor Management | 69107136 | 17,514 | 30,751 | 32,744 | 24,645 | 29,189 |
| | Admin support | 69100712 | 38,623 | 10,986 | 13,339 | 24,763 | 14,785 |
| | IT | 69100727 | 50,831 | 36,265 | 55,778 | 66,557 | 48,273 |
| | IT | 69100716 | 29,404 | 31,725 | 19,808 | 31,736 | 33,328 |
| | IT | 69100906 | 24,493 | 22,604 | 38,578 | 46,909 | 35,223 |
| | Total | | 436,519 | 395,310 | 407,360 | 491,739 | 420,159 |

* Approximately 3/4 of total year reported

Continuation of Defining Problems and System Supports in the WIC Delivery System

In the previous sessions held on April 7-8, 2008 the facilitator asked the group to brainstorm problems in the Montana WIC Delivery System. Each participant wrote each of their ideas on a separate piece of paper and all of the ideas were collected and placed on the sticky wall. She then asked them to add more ideas that had not already been identified. This was repeated until no new ideas were generated.

The facilitator then asked the participants to group ideas into areas that seemed similar. The person who wrote the note had the last say on where the idea was to be located. The facilitator then took all of the ideas in one group and moved them to a new sticky wall. She asked the group to try to come up with a problem statement based on that group of cards. Sometimes, idea cards were found to not fit the problem statement. They were moved back to the large sticky wall area for further discussion.

After defining 13 problems, the group had to conclude this problem defining activity. The remaining groups of ideas were given a "heading" so that they can be addressed at the next meeting. Here is a list of the remaining issue headings:

Vendor Problem
Cost Containment
No Guiding Principles
Lack of Focus on Clients
Quality
Program Compliance/Competence
No Program Evaluation Mechanism for Either Health Outcomes and/or Programs
Voice on Policy Development
Don't Have EBT

The following is a continuation of this list of problem statements that the group developed from the list of leftover cards from the previous meeting, as well as answers to the question “Why?” which gave evidence of supporting problems, and any other idea cards that helped to define the problem. (The problem statements are in no particular order of importance in this report.)

14. Problem: There is confusion about WIC requirements/training; problem solving is a burden on vendors, local agencies, and the state; and, there is a risk of losing more vendors.

Why?

- Food costs are increasing
- Federal issue – no states put “not to exceed”
- Difficult to determine if subcontractors are getting the information
- Nothing that says this is what to do
- Inconsistent training across the state
- Training happens on local level – hard to fit in
- No bottom line price leads to no help leads to service person must answer
- Vendors angry
- Checker turnover
- Problems known when vendors say the check bounced
- Participant non-compliance

Other Cards:

- Vendors have trouble knowing when a check will be rejected.
- No dollar amount on checks
- Vendor management
- Vendor monitoring

All of the following problems were identified by the group as they considered the “Cost Containment” set of ideas:

- 15. Problem: No shows are expensive and lead to inefficiency.**
- 16. Problem: Registered dietitians are costly and difficult to obtain in some areas.**
- 17. Problem: Issuance of non-standard contract formulas wastes time, increases costs and decreases the rebate.**
- 18. Problem: Doing non-required hematocrits, proof of pregnancy, and multiple code listing wastes time and increases costs.**
- 19. Problem: Too many participant signatures are required.**
- 20. Problem: In the current system, administrative and provider tasks are duplicated.**
- 21. Problem: Very small clinics are costly to operate.**
- 22. Problem: Some clients are seen more often than necessary.**
- 23. Problem: Rising food costs.**
- 24. Problem: Maintaining quality may be difficult with cost containment.**
- 25. Problem: Clinics may not flow or operate as efficiently as they could.**
- 26. Problem: Time studies are time consuming.**
- 27. Problem: The requirement to be a CPA is unrealistic and/or costly for some local agencies.**

Why? NSA funds are going to timetakers
Until the last 9 months, this was not a problem
There are issues from the food side and from the employee side – personnel time

Other Cards: Infant formula issues
Timetakers

28. Problem: There is no established mission or set of guiding principles.

Other Cards: Understanding
No affirmations
Taking responsibility for actions and change

These problems were defined as the group considered the “lack of focus on client” set of ideas:

29. Problem: Sometimes program process overrides client needs.

30. Problem: We don’t know what clients perceive of WIC services.

Why? People come in and they just want food.
They want a large amount of food, not necessarily the right food. They are hungry.
Some clinics go above the requirements on education, some are meeting them, and some are willing to take baby steps.
How many additional clients can we afford to seek?
There is confusion as to our focus – public health or welfare.
Some surveys have been done but data was not shared.

Other Cards: Client recruitment /retention
Culture of poverty
Barriers
What they are receiving as opposed to what they are not
Client needs are NOW
Hunger issues
Women, infants, and children in need
Participant education positive
Participant success with relation to receiving benefits
Lack of targeted outreach

30. Problem: The current system and regulatory nature of WIC lead to perceptions of micromanagement.

Why? Computers
CPA coursework approval
Questions about who can be hired
Training requirements VENA, CE

Other Cards: Confusing micromanagement

This problem was defined as the group considered the “quality” set of ideas:

31. Problem: There is a lack of a consistent definition and evaluation of quality.

These problems were defined as the group considered the “program compliance/competence” set of ideas:

32. Problem: There have been problems at the state and local level complying with audits.

33. Problem: There are local agencies that consistently do not meet minimum requirements.

Other Cards: Management evaluations (audits)
Accountability is a two way street
Compliance to federal regs
Program compliance is difficult to maintain
Consistent accountability on service delivery

These problems were defined as the group considered the ideas under the set titled “no program evaluation mechanism for either health outcomes and/or program ability to function” set of ideas:

34. Problem: Data is not used to make the system work better or track participant outcomes.

35. Problem: Monitoring visit results are not aggregated and shared with locals.

Why? Charts must be accurate and complete.
Quality is also evaluated – minimum requirements are also reviewed.
Lots of process reviewed.
Inconsistent interpretation.

Other cards: Fundamental system deficiencies
Feedback loops
Data not used for health outcomes or system performance

These problems were defined as the group considered the “voice on policy development” set of ideas:

36. Problem: There is no consistent, formal, sanctioned (we agree) forum for local input on state policy/funding development.

Why: Up until this meeting – no formal, sanctioned state, local pathway for conversation
Where does the power lie?
So many groups = power struggle
Steering committee was forced into being

Other Cards: Compliance to federal regs
WIC State Plan review
Align Montana requirements with federal regulations
OA funds protocol – who, what, when, where, how – procedure

The category “Don’t Have EBT” was found to be something that the study group had no say in as the federal WIC program has determined that it is too expensive to implement in Montana at this time. It was removed from consideration.

Developing a Shared Vision

Before moving forward to identify solutions to the problems, the group took time to develop a shared vision. The facilitator asked the group to consider what they wanted the WIC program to be, to become, or to be known for. The following is a summary of their work:

Our Shared WIC Vision

WIC is a quality nutrition education and supplemental food program that promotes breastfeeding and makes measurable improvements in the health of women, infants, and children.

WIC has a great reputation for being client –focused, accessible, innovative, flexible, and future-oriented.

Well-trained staff create a non-threatening environment in which individual needs are respected and families come to get help and receive referrals.

WIC is a well-managed, cost-effective public health program that is fully funded, and uses a Quality Improvement Model.

WIC is known for being proactive in problem resolution, clear communication, and working well with all partners.

Brainstorming Solutions

The facilitator took each problem statement in the order requested by the group and asked them - “What suggestions, ideas, practical proposals need to be implemented to reach the vision?” The following is a summary of their work:

Problem: The WIC Program delivery system will not meet our needs in the future.

- Recommendations:
1. Keep and improve regionalization by:
 - a. identifying lead agency responsibilities
 - b. conveying clear expectations
 - c. paying lead agencies for their additional responsibilities.
 2. Regions with under 200 clients should join with another region.
 3. The funding formula should motivate agencies to be a lead and to see more clients (even if they are not a lead agency) like the breast and cervical cancer program.
 4. Create regional vendor liaisons.
 5. Change state plan so that locals do not have to pay for RD services.
 6. Define regional staffing requirements.
 7. Consider alternate methods of service delivery:
 - a. remote access with webcams for CPA certification,
 - b. require 3 month issuance of checks except for high risk clients,
 - c. for a certified client, when they have used the last check, they can contact through email or phone and next 3 checks will be sent to them.
 8. Provide guidance to locals about what alternative methods can be implemented.

Problem: Issuance of non-contract standard formulas wastes time, increases costs, and decreases the rebate.

- Recommendations:
1. Change the state plan to disallow non-contract standard formulas as soon as possible if the regional office will approve it.
 2. Develop a plan to implement the policy change, include early notification and education.

Problem: The requirement to be a CPA is unrealistic and/or costly for some local agencies.

- Recommendations:
1. Review CPA requirements for the state.
 2. Review number of college credits needed.
 3. Reset amount of nutrition credits needed to the number required for a college degree.
 4. Review if a person can work immediately and have one year to get the needed credits - or set it up so that a person can obtain half of the credits the first year and half the second year (while working).
 5. Provide a course by RDs to get needed CPA credits – deliver this at several sites.
 6. Encourage regional consultation and training.
-

Problem: Registered dietitians are costly and difficult to obtain in some areas.

- Recommendations:
1. Change the state plan so that locals do not have to pay for RD services; or,
 2. Consider having a state contracted RD who locals can call for phone consultation.
-

Problem: Doing non-required hematocrits, proof of pregnancy, and multiple code listing wastes time and increases costs.

- Recommendation:
1. State staff to discuss the removal of these items as necessary tasks and alter the State Plan, accordingly.
-

Problem: Very small clinics are costly to operate.

- Recommendations:
1. Cap the cost per client; or,
 2. Provide a flat rate per client.
 3. List and distribute new ways services may be delivered as described, above (3 months of checks, mailing checks after phone or email contact, etc.)
 4. Part time employees increase training and other costs, therefore, encourage fewer part time employees to save money.
 5. WIC clinics might best be located where clients travel to buy food, or at Wal-Mart, etc.
 6. Consider a “WIC van” to take services to areas with few clients.
-

Problem: Local agencies do not have adequate funds to maintain the caseload, provide quality services, and complete all administrative requirements.

Jane Smilie led the group to identify mutually agreed upon guidelines for the funding formula based on the work of the study group so far. Here is the list:

1. Incentivize client participation for leads and non-leads.
2. Keep and incentivize regional work (lead agencies).
3. Cap cost per client or create a flat rate per client.
4. Pay for performance.
5. Programs with under 200 clients > move to a regional approach.
6. Clarify/identify lead responsibilities.
7. Implement cost saving innovations.
8. Consider clinics where food is purchased.

Proposals from the DPHHS WIC staff, and ad hoc group from the Study Group, MAWA, and AMPHO were considered by the group. Linda Best led the group through the guiding principles developed by the ad hoc group:

Guiding principles:

- Has to be fair - \$172 per client is the state average cost per participant.
- Need to have adequate base funds to support basic service.
- Take into consideration lead costs.
- State needs to look at cost cutting on their end.
- Large programs also need to look at inefficiencies.
- Developed by reps of AMPHO and MAWA.
- Assumptions – last year's funding, \$84,000 carry forward, state asks for additional \$100,000 as proposed for '09.
- Avoids contract mods.
- Simple to adjust.
- Provides incentives for leads.
- Provides a base for stand-alones.

An Excel spreadsheet was projected and edited until consensus on a funding formula was reached. The end product includes elements of all proposals. The agreed-upon matrix reflects the formula and is presented at the group recommendation.

Recommendation:

| FFY 09 Proposed WIC | | | | | | | | | | | 5/7/2008 |
|--|---------------------|--------------|-------------------------------------|------------------------------|---|------------------------------------|---|---|----------------------|--|----------|
| Contractor Allocation | | | | | | | | | | | |
| | 2007 Clients Served | Base Rate of | Clients Served X Cost Per Client of | Regional Lead Agency Support | Total of Base Rate + Client Cost + Regional Lead = Proposed Contract Award FFY 09 | Actual Total Contract Award FFY 08 | Difference from Actual 08 and Proposed 09 | 2008 Cost per client (from state worksheet) | 2009 Cost Per Client | Difference in per client costs from 08 actual to 09 proposed | |
| WIC CONTRACT CALCULATIONS | | | | | | | | | | | |
| | | 2000 | 171 | 4000 | | | | | | | |
| Region 2 - BROADWATER | 228 | \$ 2,000 | \$ 38,988 | \$ 4,000 | \$ 44,988 | \$ 43,375 | \$ 1,613 | \$ 190.24 | \$ 197.32 | \$ 7.07 | |
| Region 3 - CASCADE | 1,932 | \$ 2,000 | \$ 330,372 | | \$ 332,372 | \$ 303,755 | \$ 28,617 | \$ 157.22 | \$ 172.04 | \$ 14.81 | |
| Region 4 - CUSTER/DEAP | 658 | \$ 2,000 | \$ 112,176 | \$ 4,000 | \$ 118,176 | \$ 112,928 | \$ 5,248 | \$ 172.15 | \$ 180.15 | \$ 8.00 | |
| Region 5 - DAWSON | 183 | \$ 2,000 | \$ 31,293 | \$ 4,000 | \$ 37,293 | \$ 36,509 | \$ 784 | \$ 199.50 | \$ 203.79 | \$ 4.28 | |
| Region 6 - DEER LODGE | 479 | \$ 2,000 | \$ 81,909 | \$ 4,000 | \$ 87,909 | \$ 87,581 | \$ 328 | \$ 182.84 | \$ 183.53 | \$ 0.68 | |
| Region 7 - FERGUS/HRDC | 235 | \$ 2,000 | \$ 40,185 | \$ 4,000 | \$ 46,185 | \$ 44,452 | \$ 1,733 | \$ 189.16 | \$ 196.53 | \$ 7.37 | |
| Region 8 - FLATHEAD | 1,536 | \$ 2,000 | \$ 262,656 | | \$ 264,656 | \$ 246,822 | \$ 17,834 | \$ 160.69 | \$ 172.30 | \$ 11.61 | |
| Region 9 - GALLATIN | 1,099 | \$ 2,000 | \$ 187,929 | \$ 4,000 | \$ 193,929 | \$ 180,452 | \$ 13,477 | \$ 164.20 | \$ 176.46 | \$ 12.26 | |
| Region 10 - HILL | 456 | \$ 2,000 | \$ 77,976 | \$ 4,000 | \$ 83,976 | \$ 79,321 | \$ 4,655 | \$ 173.95 | \$ 184.16 | \$ 10.21 | |
| Region 11 - LAKE | 574 | \$ 2,000 | \$ 98,154 | | \$ 100,154 | \$ 96,410 | \$ 3,744 | \$ 167.96 | \$ 174.48 | \$ 6.52 | |
| Region 12 - LEWIS & CLARK | 1,149 | \$ 2,000 | \$ 196,479 | | \$ 198,479 | \$ 184,418 | \$ 14,061 | \$ 160.50 | \$ 172.74 | \$ 12.24 | |
| Region 13 - LINCOLN | 456 | \$ 2,000 | \$ 77,976 | | \$ 79,976 | \$ 82,496 | \$ (2,520) | \$ 180.91 | \$ 175.39 | \$ (5.53) | |
| Region 14 - MISSOULA | 2,732 | \$ 2,000 | \$ 467,172 | \$ 4,000 | \$ 473,172 | \$ 434,792 | \$ 38,380 | \$ 159.15 | \$ 173.20 | \$ 14.05 | |
| Region 15 - RAVALLI | 801 | \$ 2,000 | \$ 136,971 | | \$ 138,971 | \$ 136,287 | \$ 2,684 | \$ 170.15 | \$ 173.50 | \$ 3.35 | |
| Region 16 - SANDERS | 290 | \$ 2,000 | \$ 49,590 | \$ 4,000 | \$ 55,590 | \$ 55,225 | \$ 365 | \$ 190.43 | \$ 191.69 | \$ 1.26 | |
| Region 17 - SHERIDAN | 293 | \$ 2,000 | \$ 50,103 | \$ 4,000 | \$ 56,103 | \$ 55,750 | \$ 353 | \$ 190.27 | \$ 191.48 | \$ 1.20 | |
| Region 18 - BUTTE-SILVER BOW | 802 | \$ 2,000 | \$ 137,142 | \$ 4,000 | \$ 143,142 | \$ 133,949 | \$ 9,193 | \$ 167.02 | \$ 178.48 | \$ 11.46 | |
| Region 19 - TETON | 496 | \$ 2,000 | \$ 84,816 | \$ 4,000 | \$ 90,816 | \$ 91,258 | \$ (442) | \$ 183.99 | \$ 183.10 | \$ (0.89) | |
| Region 20 - VALLEY (FRANCES MAHON DEAC) | 256 | \$ 2,000 | \$ 43,776 | \$ 4,000 | \$ 49,776 | \$ 49,278 | \$ 498 | \$ 192.49 | \$ 194.44 | \$ 1.95 | |
| Region 21 - YELLOWSTONE | 2,939 | \$ 2,000 | \$ 502,569 | \$ 4,000 | \$ 508,569 | \$ 463,744 | \$ 44,825 | \$ 157.79 | \$ 173.04 | \$ 15.25 | |
| Region 22 - FORT PECK | 614 | \$ 2,000 | \$ 104,994 | | \$ 106,994 | \$ 105,998 | \$ 996 | \$ 172.64 | \$ 174.26 | \$ 1.62 | |
| Region 23 - NORTHERN CHEYENNE | 528 | \$ 2,000 | \$ 90,288 | | \$ 92,288 | \$ 89,544 | \$ 2,744 | \$ 169.59 | \$ 174.79 | \$ 5.20 | |
| Region 24 - BLACKFEET | 705 | \$ 2,000 | \$ 120,555 | | \$ 122,555 | \$ 116,821 | \$ 5,734 | \$ 165.70 | \$ 173.84 | \$ 8.13 | |
| Region 25 - CROW | 625 | \$ 2,000 | \$ 107,388 | | \$ 109,388 | \$ 109,269 | \$ 119 | \$ 174.00 | \$ 174.18 | \$ 0.19 | |
| Region 26 - SALISH & KOOTENAI | 458 | \$ 2,000 | \$ 78,318 | | \$ 80,318 | \$ 83,310 | \$ (2,992) | \$ 181.90 | \$ 175.37 | \$ (6.53) | |
| Region 27 - FORT BELKNAP | 313 | \$ 2,000 | \$ 53,523 | | \$ 55,523 | \$ 58,423 | \$ (2,900) | \$ 186.65 | \$ 177.39 | \$ (9.26) | |
| Region 28 - ROCKY BOY | 327 | \$ 2,000 | \$ 55,917 | | \$ 57,917 | \$ 58,782 | \$ (865) | \$ 179.76 | \$ 177.12 | \$ (2.65) | |
| Totals | | \$ 54,000 | \$ 3,619,215 | \$ 56,000 | \$ 3,729,215 | \$ 3,540,949 | \$ 188,266 | | | | |
| NOTES | | | | | | | | | | | |
| All calculations above are based on clients served in a sample period in 2007. Actual amounts will be recalculated based on clients served between March 31, 2007 and April 1, 2008. | | | | | | | | | | | |
| This budget is based on the assumptions that the state will carry over \$84K from 2008 and will request and receive a \$100K increase in OIA funds in 2009. | | | | | | | | | | | |

The period of time to establish caseload averages will be October 2007 through March 2008.

Problem: Confusion about WIC requirements and training and problem solving is a burden on vendors, local agencies, and the state, and there is a risk of losing more vendors.

- Recommendations:
1. Information that checks for items which are not the “least expensive” will be rejected - this must be explained to vendors.
 2. The SPIRIT system will help with this problem – should be up and running in the fall of 2009.
 3. Design informational training/webcasts for vendors to view at a time that works for them.
 4. Local staff must be trained so that they can train vendors, so that employees can be trained.
 5. Maybe when new food package out make regional training available.
 6. Vendor could show a WIC DVD to employees with a check off or test to be completed when viewed.
 7. Develop bulleted points for education (PowerPoint slides).
 8. Newsletter, frequently asked questions.
 9. Get the word out about what the state is doing and what is working.
 10. Develop template for grocers to plug in least expensive food – use white tags for easy identification by clients.
 11. Make the new food list easy to understand.
 12. Let everyone (locals, vendors) know what the consequences will be up front.

Problem: Too many signatures are required.

- Recommendations:
1. Get SPIRIT system up and running.
 2. Before the system is in place, DPHHS will consult with the regional program to see if it is possible to combine things that now require separate signatures or if initials can be used.
 3. This information will be shared with all programs.

Problem: No shows are expensive and lead to inefficiency.

- Recommendations:
1. Pro-rate vouchers for missed appointments.
 2. Move to 3 months of checks so they don't have to come in every month.
 3. Promote Kalispell model - same day scheduling three days out of the week, certifications are performed on the other two days on a walk-in basis.

Problem: Some clients are seen more often than necessary.

- Recommendations:
1. Move to 3 months of checks for a low risk client who is certified, client can come to drop in clinic or staff can send education material (interactive education), staff can mail checks every 3 months which means clinic will see clients twice per year.
 2. For clinics that are seeing clients every month, state to move them to see medium and low risk clients 4x/year as an improvement.
 3. State to warn clinics that funding is moving to cost per participant as recommended by the Study Group and suggest ways to become more efficient.
 4. Establish standards for Continuous Quality Improvement regarding appointments/day.

Problem: Rising food costs.

- Recommendations:
1. State to compare vendor peer group prices, vendor can be taken off of the program if foods are not within peer prices.

2. A task force to look at prices for the WIC Food Package and decide what types and brands will be encouraged will be convened by the state and will include grocery store representatives, natural food stores, the grocers association, food bank network, WEEL, farmers, and WIC employees.
3. Local agencies to educate clients on prices – ask “How is it going with least expensive?”

Discussion Regarding \$71,000 OA funds for '08

The group reached consensus on what to do with the OA funds for 2008 on these points:

- Breastfeeding peer counseling must be a contract modification.
- Scholarship funds have been awarded. Agencies and local staff have been notified how they will receive funds. Fees will be paid by the state.
- VENA training – the state will reimburse locals for training costs.
- For the \$18,000 in targeted outreach funds, local agencies and tribes will submit a plan and the state will fund local projects.

Agenda for Next Meeting

The group identified these topics for the next meeting's agenda:

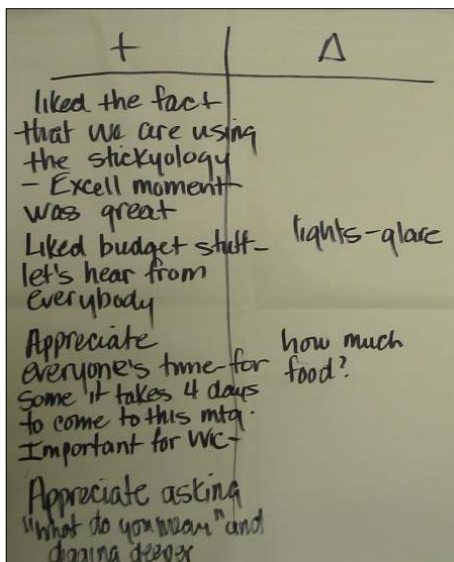
Finish identifying and evaluating solution options

**The next meeting will be Tuesday, July 17th, 2008 in Great Falls
at the Crystal Inn Hotel, 3701 31st Street, Airport exit 8:00 a.m. – 5:00 p.m.**

Public Comment

Public comment was elicited and observers responded with positive comments about the Study Group activity and process of the meetings.

Evaluation



The Study Group members provided an evaluation of the sessions. In regard to what they liked, several participants acknowledged the excellent group participation. One person said they like “that we are all working together to improve a program we are all passionate about.” Everyone is dedicated,” said another, “Also, there is a large audience out there - many people have read the information [posted on the website] – they are a part of it.” One participant thanked the group for “owning the program.” “Loved the communication,” said another. One person said they “appreciate everyone’s time – for some it takes 4 days to come to this meeting – it is important for WIC.” One person said they liked hearing people say that they had talked to the people they represent. “That was good,” they added. Another said they liked hearing everyone’s perception of the program. One person liked that fact that they received more information in advance of the meeting. Others mentioned that the facilitation was good and that they appreciated the facilitator and the hard work of the group. One person appreciated that the facilitator frequently asked, “What do you mean?” and other questions that helped to “dig

deeper.” Another said they liked the fact that we are using the “stickyology,” meaning the sticky wall tool. Several liked that the group worked together using an Excel program to come to consensus on a funding formula. One person appreciated that the facilitator allowed the group to work through that process. Another said that asking for comments regarding the funding formula from each participant was an important action at a critical time. Some mentioned the location, environment, and food under the “positive” category. Another said they liked the hotel location where they could walk to interesting places to see and places to eat.

Regarding what they would change, one person mentioned that the lights gave off a glare. Another said it was difficult to judge how much food we needed. One person liked that the group worked to find a location for the next meeting that meant they did not have to drive as far. One person said they worried they would not get up in time to start at 8 a.m. Another agreed that it was not easy being alert that early. Another joked that they “still never got my coffee, donuts, and wake up call in my room.” One person reminded the group to check to see if problems go together in the next meeting. They also asked we develop a plan to get summary information regarding the WIC Futures Study Group meetings out to “everyone and their brother.” Another item to consider, they added, is “where does this group go?”